

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy

Statement on Reverse Side

Page 1 of 1 Pages

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME

LAURA N. CHICK

SSN or EMPLOYEE NUMBER*

DEPARTMENT

Planning & Research

POSITION

Inspector General

CB/D No.

Exempt

DIVISION or BUREAU

Governor's Office

INDEX NUMBER

226

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

1400 Tenth Street

TELEPHONE NUMBER

CITY STATE ZIP

CITY STATE ZIP

Sacramento

CA

95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
Dec 2009														
12/3	7:30	Sacramento												
12/6	21:30	Burbank								81.00			81.00	
(10) SUBTOTALS										81.00			81.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												81.00		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Addressed Association of Inspectors General.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE

DATE

1/28/2010

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE



Thank you!

Your Confirmation is QTMXA6

- ✓ Extra Convenience
- ✓ Better Boarding Position
- ✓ Earlier Access to Overhead Bins

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[Learn More](#)
[Book a Flight](#)

Air

Adult 1: LAURA CHICK

Acct#: 00000436141300

Confirmation # QTMXA6

AIR ITINERARY

DEPART	Sacramento, CA to Los Angeles, CA	#160	Depart Sacramento, CA (SMF)	8:35 AM
DEC	Thursday, December 3, 2009		Arrive in Los Angeles, CA (LAX)	10:00 AM
3	Travel Time 1 h 25 m (Nonstop)			

**YOU JUST SAVED UP TO
\$100 ROUNDTRIP!**



BAG FEES = \$0.00
Bags Fly Free on Southwest.
First and second checked bags. Weight and size limits apply.

BILLING

INTERNAL REFERENCE NUMBER: 226

Purchaser Name	Form of Payment	Billing Address	Amount Applied
Billed to Account "SWABIZ AmEx"	XXXXXXXXXXXX1017	Billing address information is on file.	\$158.60

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	SMF-LAX	Anytime	\$137.67	\$20.93	1	\$158.60
				\$137.67	\$20.93	1	\$158.60

TRIP GRAND TOTAL: \$158.60



Thank you!

Your Confirmation is QBKXAN



Continue to Book Your Car

Our fares are low, and so are our car rental rates. Search cars using the travel dates and destination from your air reservation.

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[Book a Flight](#)

[Book a Cruise](#)

Air

Adult 1: LAURA CHICK

Acct#: 00000090958674

Confirmation # QBKXAN

AIR ITINERARY

DEPART	Burbank, CA to Sacramento, CA	#980	Depart Burbank, CA (BUR)	7:10 PM
DEC	Sunday, December 6, 2009		Arrive in Sacramento, CA (SMF)	8:30 PM
6	Travel Time 1 h 20 m (Nonstop)			

**YOU JUST SAVED UP TO
\$100 ROUNDTRIP!**



BAG FEES = \$0.00
Bags Fly Free on Southwest.
First and second checked bags. Weight and size limits apply.

BILLING

INTERNAL REFERENCE NUMBER: 226

Purchaser Name	Form of Payment	Billing Address	Amount Applied
Billed to Account "SWABIZ AmEx"	XXXXXXXXXXXX1017	Billing address information is on file.	\$158.60

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	BUR-SMF	Anytime	\$137.67	\$20.93	1	\$158.60
				\$137.67	\$20.93	1	\$158.60

TRIP GRAND TOTAL: \$158.60

From: Miguel
To: (323) 770-2016
Driver: from Silver Lake Home
Cab No.: to Burbank airport
Date: 12/6/09 Amount: 40⁰⁰/₁₀₀

PASSENGER'S RECEIPT, TAXI CAB FARE

Members of the Sacramento Independent Taxi Owner's Association appreciate your business. We wish to continue to serve you in a timely, professional manner. If you have any suggestions, comments or complaints Please call: (916) 457-4862

Look for this symbol on
the windshield as your
Assurance of Quality Services.



Driver's Name.
YUNUS
Taxi Name & No.
FRONTIER CAB # 70
Business Phone.

(916) 416-4714 Thank You

Date: 12/06/09
Fare: 40⁰⁰/₁₀₀
Other: #1 FIP
Total: 41⁰⁰/₁₀₀

UP TO FOUR PEOPLE CAN SHARE THE RIDE TO DOWNTOWN AREA.

FROM: SAC airport

TO: Remon's